This Overview of Community Services Delivery in Virginia describes the structure through which community mental health, mental retardation, and substance abuse services are provided to individuals in Virginia with mental illnesses, mental retardation, or substance use disorders (alcohol or other drug dependence or abuse). Throughout this overview, substance use disorder names a condition that an individual has, while substance abuse names the services used to treat that disorder. This overview is divided into four sections:

- a summary of the overview;
- several ways of classifying community services boards (CSBs);
- a description of the composition of CSB boards of directors, a listing of CSB powers, duties, and responsibilities, and a discussion of CSB roles; and
- information about consumers served and services delivered by CSBs in Fiscal Year (FY) 2006

While CSBs and their services are the focus of this overview, the private sector is a vital partner with CSBs in serving individuals with mental illnesses, mental retardation, or substance use disorders. In addition to serving many individuals through contracts with CSBs, private providers also serve other individuals directly, for example through various Medicaid programs such as the mental retardation home and community-based waiver (with plans of care case managed by CSBs) and mental health clinic and inpatient psychiatric treatment services.

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#### **Part I: Overview Summary**

Public community mental health, mental retardation, and substance abuse services are provided in Virginia by community services boards (CSBs), behavioral health authorities (BHAs), or local government departments with policy-advisory CSBs. All of these organizations function as:

- single points of entry into publicly funded mental health, mental retardation, and substance abuse services, including access to state hospital and training center (state facility) services;
- service providers, directly and through contracts with other providers;
- advocates for consumers and other individuals in need of services;
- community educators, organizers, and planners;
- advisors to the local governments that established them; and
- local focal points for programmatic and financial responsibility and accountability.

Section 37.2-100 of the *Code of Virginia* defines three types of CSBs: operating, administrative policy, and policy-advisory to a local government department. Chapter 6 in Title 37.2 of the *Code of Virginia* authorizes behavioral health authorities in three localities; a BHA exists only in Richmond. In this overview, CSBs, BHAs, and local government departments with policy-advisory CSBs are referred to as CSBs or community services boards, unless the context clearly indicates otherwise.

BHAs and operating and administrative policy CSBs are guided and administered by boards of directors with statutory fiduciary and management authority and responsibilities. Boards of directors consist of no less than six and no more than 18 members who are appointed by the city councils and county boards of supervisors that established the CSBs or BHAs. A local government department with a policy-advisory CSB is advised by that CSB. Currently, 508 individuals serve as board members on the 40 CSBs. The term CSB includes the board members and the organization that provides services, unless the context clearly indicates otherwise.

CSBs are not part of the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services. While not part of the Department, CSBs are key operational partners with the Department and its state facilities in Virginia's system of public mental health, mental retardation, and substance abuse services. The Central Office, State Facility, and CSB Partnership Agreement, available at <a href="https://www.dmhmrsas.virginia.gov">www.dmhmrsas.virginia.gov</a>, describes this arrangement. Operating CSBs and BHAs are agents of the local governments that established them, but they are not city or county government departments. Most administrative policy CSBs are city or county government departments. The Department's relationships with all CSBs are based on the community services performance contract, applicable provisions in Title 37.2 of the *Code of Virginia*, and State Mental Health, Mental Retardation and Substance Abuse Services Board policies and regulations. The Department contracts with, funds, monitors, licenses, regulates, and provides consultation to CSBs.

Beginning in the late 1940s, the Department established and operated mental hygiene clinics across the state to provide local mental health services. Eventually, the Department transferred all of these clinics to CSBs. In 1968, the General Assembly enacted Chapter 10 of Title 37.1, the CSB enabling legislation. Arlington and Prince William Counties established the first two CSBs in 1968. Today, 40 CSBs provide services to people in all 134 cities or counties in Virginia. The table on the next page shows the date on which each CSB was created, and the map on the page after that shows its location. Please contact Paul R. Gilding, the Department's Director of Community Contracting, at (804) 786-4982 or paul.gilding@co.dmhmrsas.virginia.gov, with any questions about this overview.

<sup>&</sup>lt;sup>1</sup> Section 37.2-100 of the *Code of Virginia* defines a consumer as a current direct recipient of public or private mental health, mental retardation, or substance abuse treatment or habilitation services. Consumers have been referred to as clients, patients (in state hospitals for individuals with mental illnesses), or residents (in state training centers for individuals with mental retardation); revised Title 37.2, enacted in 2005, replaces all of these terms with consumer.

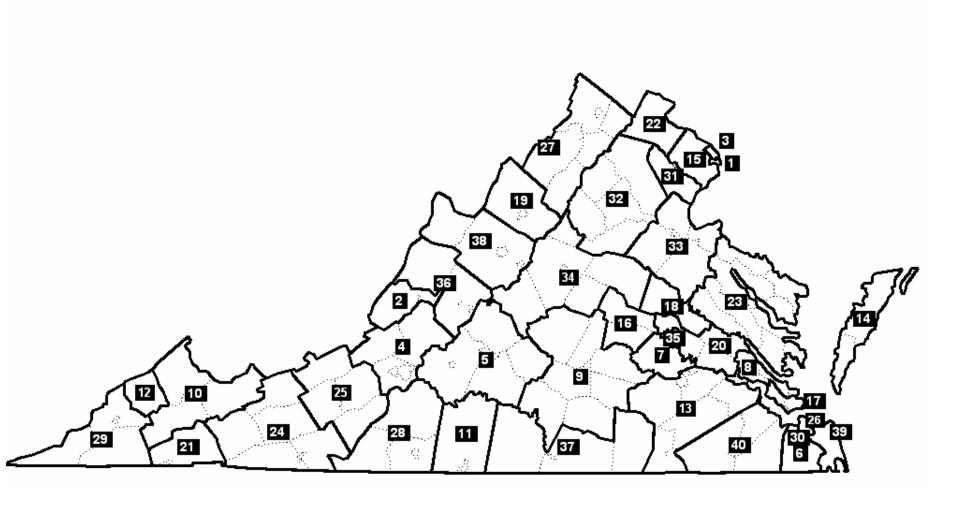
Order	Establishment of the Community Services Boards <sup>1</sup>	Map Key <sup>2</sup>	Date
7	Alexandria Community Services Board	1	03-25-69
37	Alleghany Highlands Community Services	2	12-08-81
2	Arlington Community Services Board	3	11-23-68
4	Blue Ridge Behavioral Healthcare	4	01-20-69
8	Central Virginia Community Services	5	04-18-69
12	Chesapeake Community Services Board	6	05-24-69
21	Chesterfield Community Services Board	7	08-11-71
17	Colonial Services Board	8	01-05-71
34	Crossroads Services Board	9	12-06-73
25	Cumberland Mountain Community Services	10	06-07-72
31	Danville-Pittsylvania Community Services	11	10-31-72
39	Dickenson County Behavioral Health Services	12	06-24-82
33	District 19 Community Services Board	13	09-18-73
20	Eastern Shore Community Services Board	14	07-26-71
3	Fairfax-Falls Church Community Services Board	15	01-15-69
38	Goochland-Powhatan Community Services	16	04-12-82
18	Hampton-Newport News Community Services Board	17	02-23-71
24	Hanover County Community Services Board	18	05-31-72
23	Harrisonburg-Rockingham Community Services Board	19	03-24-72
15	Henrico Area Mental Health & Retardation Services	20	07-09-69
32	Highlands Community Services	21	10-31-72
11	Loudoun County Community Services Board	22	05-20-69
35	Middle Peninsula-Northern Neck CSB	23	02-28-74
28	Mount Rogers Community MH&MR Services Board	24	09-21-72
14	New River Valley Community Services	25	07-01-69
6	Norfolk Community Services Board	26	03-09-69
36	Northwestern Community Services	27	06-25-74
29	Piedmont Community Services	28	10-16-72
26	Planning District One Behavioral Health Services	29	07-28-72
9	Portsmouth Dept. of Behavioral Healthcare Services	30	04-22-69
1	Prince William County Community Services Board	31	11-21-68
16	Rappahannock Area Community Services Board	33	06-09-70
30	Rappahannock-Rapidan Community Services Board	32	10-30-72
5	Region Ten Community Services Board	34	02-03-69
10	Richmond Behavioral Health Authority	35	04-28-69
40	Rockbridge Area Community Services Board	36	10-14-82
27	Southside Community Services Board	37	09-13-72
19	Valley Community Services Board	38	06-15-71
13	Virginia Beach Department of Human Services	39	06-20-69
22	Western Tidewater Community Services Board	40	12-01-71

<sup>&</sup>lt;sup>1</sup> Information about each CSB (names of the executive director and board chairman, address, telephone and fax numbers, e-mail address, and cities and counties served) is contained in the CSB Address List, available on the Department's web site at <a href="https://www.dmhmrsas.virginia.gov">www.dmhmrsas.virginia.gov</a>.

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<sup>&</sup>lt;sup>2</sup> Each CSB's location is shown with the corresponding map key number on the map on the next page.



The following table lists CSBs by health planning region (HPR) and partnership planning region (PPR). Health planning regions are the geographical areas in Virginia that are covered by regional health planning agencies. These agencies are responsible for health planning activities under Title 32.1 of the *Code of Virginia*, including reviewing and approving certificates of public need for certain health care facilities, such as hospitals and nursing homes. HPRs are used to group CSBs regionally across the state. This table also identifies CSBs by partnership planning regions (PPRs), which are associated with state hospital catchment areas. PPRs are the same as HPRs except that two CSBs in HPR 3 are now also identified as PPR 7 and two CSBs in HPR 3 and one CSB in HPR 4 are now also identified as PPR 6. PPRs are identical to the regional utilization management regions.

	Rappahannock-Rapidan CSB		
	Region Ten CSB		
<u> </u>	Rockbridge Area CSB		
	Valley CSB		
	Loudoun County CSB		
Arlington CSB	Prince William County CSB		
Alleghany Highlands Community Services			
Blue Ridge Behavioral Healthcare			
Cumberland Mountain Community Services			
Dickenson County Behavioral Health Servic	es		
Highlands Community Services			
Mount Rogers Community MH & MR Servi	ces Board		
New River Valley Community Services			
Planning District One Behavioral Health Services			
Danville-Pittsylvania Community Services			
Piedmont Community Services			
Southside CSB			
Chesterfield CSB			
Crossroads Services Board			
District 19 CSB			
Goochland-Powhatan Community Services			
Hanover County CSB			
Henrico Area Mental Health & Retardation S	Services		
Richmond Behavioral Health Authority			
Chesapeake CSB			
Colonial Services Board			
Eastern Shore CSB			
Middle Peninsula-Northern Neck CSB			
Norfolk CSB			
Portsmouth Department of Behavioral Health	heare Services		
Virginia Beach Department of Human Service			
Western Tidewater CSB			
	Fairfax-Falls CSB Alleghany Highlands Community Services Blue Ridge Behavioral Healthcare Cumberland Mountain Community Services Dickenson County Behavioral Health Servic Highlands Community Services Mount Rogers Community MH & MR Servi New River Valley Community Services Planning District One Behavioral Health Ser Danville-Pittsylvania Community Services Piedmont Community Services Southside CSB Chesterfield CSB Crossroads Services Board District 19 CSB Goochland-Powhatan Community Services Hanover County CSB Henrico Area Mental Health & Retardation S Richmond Behavioral Health Authority Chesapeake CSB Colonial Services Board Eastern Shore CSB Hampton-Newport News CSB Middle Peninsula-Northern Neck CSB Norfolk CSB Portsmouth Department of Behavioral Health Virginia Beach Department of Human Services		

The Department first funded local services through CSBs in Fiscal Year (FY) 1971, distributing \$480,078 to 14 CSBs. In FY 2006, the Department disbursed \$227 million of state and federal funds to 40 CSBs. Also, more than \$160 million of state funds matched federal Medicaid reimbursements for state plan option rehabilitation services, case management, and mental retardation waiver services. Finally, cities and counties appropriated almost \$196 million of local matching funds in FY 2006

CSBs exist to provide individualized, effective, flexible, and efficient treatment, habilitation, and prevention services in the most accessible and integrated yet least restrictive settings possible. CSBs provide services to improve the quality of life for people with mental illnesses, mental retardation, or substance use disorders, responding to their expressed needs and preferences. CSB services draw upon all available community resources and people's natural supports, such as family, friends, and work or school, to support the recovery, self-determination, empowerment, and resilience of consumers and assist them to realize their fullest potentials. Community services are provided through a diverse network of CSBs and their directly operated and contractual services. CSBs offer varying combinations of nine core services: emergency, local inpatient, outpatient, case management, day support, employment, residential, prevention and early intervention, and limited services. Only emergency services and, subject to the availability of funds appropriated for them, case management services are mandated by § 37.2-500 or § 37.2-601 of the *Code of Virginia*. Core services in this overview are defined in the Core Services Taxonomy 7. The current taxonomy is available on the Department's web site at <a href="https://www.dmhmrsas.virginia.gov">www.dmhmrsas.virginia.gov</a>.

2007 C	ombined Classification Of CSBs: Budget S	Size and Population Density
Budget Size & Population Density	Operating CSBs (28) Behavioral Health Authority (1)	Administrative Policy CSBs (10) Local Government Department with Policy-Advisory CSB (1)
Large Budget Urban CSBs (11)	Blue Ridge, Hampton-Newport News, Richmond BHA	Alexandria, Arlington, Chesterfield, Fairfax-Falls Church, Henrico Area, Loudoun County, Prince William County, Virginia Beach
Large Budget Rural CSB (3)	Central Virginia, Mount Rogers, Region Ten	
Medium Budget Urban CSBs (4)	Colonial, Norfolk, Rappahannock Area	Chesapeake
O	Crossroads, Cumberland Mountain, Danville-Pittsylvania, District 19, Middle Peninsula-Northern Neck, New River Valley, Northwestern, Piedmont, Planning District One, Rappahannock-Rapidan, Southside, Valley, Western Tidewater	
Small Budget Urban CSB (2)		Hanover County, Portsmouth DBHS
Small Budget Rural CSBs (7)	Alleghany Highlands, Dickenson, Eastern Shore, Goochland-Powhatan, Harrisonburg- Rockingham, Highlands, Rockbridge Area	

**Budget Size** is based on FY 2006 fourth quarter performance contract reports: Large = \$20 million plus; Medium = \$10 million to \$20 million; Small = less than \$10 million

**Population Density**: Urban = 175 people or more per square mile; Rural = less than 175 people per square mile.

2007 Community Services Board Populations (2005 Final Estimates, Weldon Cooper Center, UVA)				er, UVA)
Community Services Board	Population	Area	Density	U/R
Alexandria Community Services Board	132,176	15.3	8,639	Urban
Alleghany Highlands Community Services	22,757	453.4	50	Rural
Arlington Community Services Board	191,623	25.9	7,399	Urban
Blue Ridge Behavioral Healthcare	243,626	1,181.0	206	Urban
Central Virginia Community Services	234,140	2,124.5	110	Rural
Chesapeake Community Services Board	214,145	340.7	628	Urban
Chesterfield Community Services Board	289,568	425.7	680	Urban
Colonial Services Board	145,150	272.6	532	Urban
Crossroads Services Board	99,585	2,761.4	36	Rural
Cumberland Mountain Community Services	97,305	1,498.4	65	Rural
Danville-Pittsylvania Community Services	106,907	1,014.0	105	Rural
Dickenson County Behavioral Health Services	16,226	332.7	49	Rural
District 19 Community Services Board	169,419	1,931.4	88	Rural
Eastern Shore Community Services Board	52,000	662.0	79	Rural
Fairfax-Falls Church Community Services Board	1,042,781	403.8	2,582	Urban
Goochland-Powhatan Community Services	45,818	545.8	84	Rural
Hampton-Newport News Community Services Board	326,502	120.1	2,719	Urban
Hanover County Community Services Board	95,476	472.8	202	Urban
Harrisonburg-Rockingham CSB	115,126	868.8	133	Rural
Henrico Area Mental Health & Retardation Services	306,041	630.4	485	Urban
Highlands Community Services	69,184	575.8	120	Rural
Loudoun County Community Services Board	262,726	519.9	505	Urban
Middle Peninsula-Northern Neck CSB	137,316	2,028.3	68	Rural
Mt. Rogers Community MH&MR Services Board	119,014	2,201.4	54	Rural
New River Valley Community Services	167,915	1,458.0	115	Rural
Norfolk Community Services Board	235,071	53.8	4,369	Urban
Northwestern Community Services	206,470	1,637.5	126	Rural
Piedmont Community Services	137,922	1,568.7	88	Rural
Planning District One Behavioral Health Services	93,637	1,384.5	68	Rural
Portsmouth Dept. of Behavioral Healthcare Services	98,514	33.1	2,976	Urban
Prince William County Community Services Board	412,894	350.2	1,179	Urban
Rappahannock Area Community Services Board	301,831	1,394.0	217	Urban
Rappahannock-Rapidan Community Services Board	156,737	1,961.3	80	Rural
Region Ten Community Services Board	216,153	2,147.0	101	Rural
Richmond Behavioral Health Authority	191,740	60.1	3,190	Urban
Rockbridge Area Community Services Board	39,598	1,140.9	35	Rural
Southside Community Services Board	86,625	2,009.5	43	Rural
Valley Community Services Board	113,797	1,421.4	80	Rural
Virginia Beach Department of Human Services	433,470	248.3	1,746	Urban
Western Tidewater Community Services Board	137,341	1,324.0	104	Rural
TOTALS	7,564,326	39,598.4	191	NA

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2007 Community Services Board Region Populations						
Region	Population	Area	Density	U/R		
Northwestern Virginia (HPR 1)	1,383,852	12,695.4	109	Rural		
Northern Virginia (HPR 2)	2,042,200	1,315.1	1,553	Urban		
Partnership Planning Region 7	266,383	1,634.4	163	Rural		
Southwestern Virginia (HPR 3)	563,281	7,450.8	76	Rural		
Partnership Planning Region 6	331,454	4,592.2	72	Rural		
Central Virginia (HPR 4)	1,197,647	6,827.6	175	Urban		
Eastern Virginia (HPR 5)	1,779,509	5,082.9	350	Urban		
TOTALS	7,564,326	39,598.4	191	NA		

The two preceding tables display the population, geographical area, population density, and urban or rural classification of the 40 CSBs and the health planning regions (HPRs) or partnership planning regions (PPR) in Virginia. Each CSB's HPR or PPR identification is contained in the CSB Address List, mentioned at the bottom of page 3, and is listed in the table on page 5. The following table groups CSBs by population size (small, medium, or large).

2007 Classification of Community Services Boards by Population Size				
Community Services Board Populations (2005 Final Estimates): 7,564,326 total				
<u> </u>	-	<b>s Boards</b> [200,000 + people]: 4,725,418	total	
Community Services Board	Population	<b>Community Services Board</b>	Population	
Blue Ridge Behavioral Healthcare	243,626	Loudoun County CSB	262,726	
Central Virginia Community Services	234,140	Norfolk CSB	235,071	
Chesapeake CSB	214,145	Northwestern Community Services	206,470	
Chesterfield CSB	289,568	Prince William County CSB	412,894	
Fairfax-Falls Church CSB	1,042,781	Rappahannock Area CSB	301,831	
Hampton-Newport News CSB	326,502	Region Ten CSB	216,153	
Henrico Area MH&R Services	306,041	Virginia Beach Dept. of Human Services	433,470	
14 Medium Population Community	Services B	<b>Soards</b> [100,000 - 200,000 people]: 2,022	,183 total	
Alexandria CSB	132,176	Mt. Rogers MH&MR Services Board	119,014	
Arlington CSB	191,623	New River Valley Community Services	167,915	
Colonial Services	145,150	Piedmont Community Services	137,922	
Danville-Pittsylvania Comm. Services	106,907	Rappahannock-Rapidan CSB	156,737	
District 19 CSB	169,419	Richmond Behavioral Health Authority	191,740	
Harrisonburg-Rockingham CSB	115,126	Valley CSB	113,797	
Middle Peninsula-Northern Neck CSB	137,316	Western Tidewater CSB	137,341	
12 Small Population Community	Services B	oards [Less than 100,000 people]: 816,72	25 total	
Alleghany Highlands Comm. Services	22,757	Hanover County CSB	95,476	
Crossroads Services Board	99,585	Highlands Community Services	69,184	
Cumberland Mountain Comm. Services	97,305	Planning District One BH Services	93,637	
Dickenson County Behavioral Health	16,226	Portsmouth DBHS	98,514	
Eastern Shore Community Services	52,000	Rockbridge Area CSB	39,598	
Goochland-Powhatan Comm. Services	45,818	Southside CSB	86,625	

#### Introduction

A community services board (CSB) can be classified or categorized in several ways: number of cities and counties served, total budget size, urban or rural population density, and its relationship with its local government or governments. In this overview, community services boards, behavioral health authorities, and local government departments with a policy-advisory CSBs are referred to as CSBs or community services boards, unless the context clearly indicates otherwise.

**A. Number of Localities Served:** Since 1968, the 134 local governments (cities or counties) in Virginia have established 40 CSBs.

*Eleven CSBs serve one city or county:* Alexandria, Arlington, Chesapeake, Chesterfield, Dickenson County, Hanover County, Loudoun County, Norfolk, Portsmouth, Richmond, and Virginia Beach

Seven CSBs serve two localities: Alleghany Highlands, Danville-Pittsylvania, Eastern Shore, Goochland-Powhatan, Hampton-Newport News, Harrisonburg-Rockingham, and Highlands

*Five CSBs serve three localities*: Cumberland Mountain, Fairfax-Falls Church, Henrico Area, Prince William County, and Southside

Six CSBs serve four localities: Colonial, Piedmont, Planning District One, Rockbridge Area, Valley, and Western Tidewater

*Four CSBs serve five localities*: Blue Ridge, New River Valley, Rappahannock Area, and Rappahannock-Rapidan

Four CSBs serve six localities: Central Virginia, Mount Rogers, Northwestern, and Region Ten

One CSB serves seven counties: Crossroads
One CSB serves nine localities: District 19

One CSB serves ten counties: Middle Peninsula-Northern Neck

Historically, distinctions were made among CSBs based on the number of jurisdictions that they served. For instance, CSBs that served a single jurisdiction, referred to as single jurisdiction CSBs, were classified differently for some purposes than CSBs that served more than one city or county, referred to as multi-jurisdictional CSBs. For example, the Department interacted differently with single jurisdiction and multi-jurisdictional CSBs in conducting its Financial Management reviews of them.

In 1998, the General Assembly revised the statute to define three types of CSBs in § 37.2-100 of the *Code of Virginia*. Then, this first classification, based on number jurisdictions served, became largely irrelevant, except as a measure of how complex local government relationships might be for a particular CSB. The remaining classification categories in this overview (total budget size, population density, and relationship with local government) are much more meaningful bases on which to classify or categorize CSBs, for instance for analytical or comparative purposes. Finally, information about CSB staffing is contained at the end of this section (Community Services Boards Classifications) of the overview.

#### B. Total Community Services Board Budget

The total budget of a CSB is at least an indirect indication of its workload, organizational complexity, and size. The 40 CSBs are ranked in the following table based on their total budget sizes in millions of dollars. The total budget figures in this table include state, local matching, and federal funds; fee revenues, including Medicaid; and other miscellaneous revenues, such as sheltered workshop sales and retained earnings. Budget size is based on total revenues shown in Fiscal Year (FY) 2006 fourth quarter performance contract reports. The total amount of all revenues in all CSB budgets in FY 2006, the latest year for which information is available, was \$788.73 million. The statewide ratio of state to local matching funds was 47.10/52.90 percent.

FY 2006 Statewide Revenues by Source (Millions)					
<b>State Funds</b>	Local Match	Fees	Federal	Other	<b>Total Revenues</b>
\$174.70	\$196.20	\$334.54	\$53.29	\$30.00	\$788.73
22.15%	24.87%	42.42%	6.76%	3.80%	100.00%

	FY 2006 Community Ser	vices Bo	ards T	Total Budgets (Revenues)		
Ran	k CSB	Amount	Rank	CSB A	Mount	
	Large Budget (\$20 Million Plus) Community Services Boards (14 CSBs)					
7	Alexandria CSB	25.80	6	Henrico Area MH&R Services	26.91	
12	Arlington CSB	22.36	14	Loudoun County CSB	20.86	
10	Blue Ridge Behavioral Healthcare	24.36	13	Mount Rogers Community MH&MI	R 21.86	
5	Central Virginia Community Services	28.97	11	Prince William County CSB	22.48	
4	Chesterfield CSB	29.07	8	Region Ten CSB	25.47	
1	Fairfax-Falls Church CSB	127.82	3	Richmond BHA	33.86	
2	Hampton-Newport News CSB	45.70	9	Virginia Beach Dept. of H.S.	24.42	
	Medium Budget (\$10 to \$20 Mi	llion) Co	mmu	nity Services Boards (17 CSBs)		
22	Chesapeake CSB	14.70	28	Northwestern Comm. Services	11.18	
31	Colonial Services	10.59	24	Piedmont Community Services	13.86	
25	Crossroads Services Board	12.66	29	Planning District One BHS	11.07	
21	Cumberland Mountain Com. Services	15.84	17	Rappahannock Area CSB	18.05	
26	Danville-Pittsylvania Com. Services	12.43	27	Rappahannock-Rapidan CSB	12.40	
19	District 19 CSB	16.72	30	Southside CSB	10.64	
23	Middle Peninsula-Northern Neck CSB	13.91	16	Valley CSB	18.74	
18	New River Valley Com. Services	17.55	20	Western Tidewater CSB	16.04	
15	Norfolk CSB	19.87				
	Small Budget (Less Than \$10 M	Iillion) (	Comm	unity Services Boards (9 CSBs)		
38	Alleghany Highlands Comm. Services	5.31	36	Harrisonburg-Rockingham CSB	7.34	
40	Dickenson County Behavioral Health	2.19	34	Highlands Community Services	9.10	
35	Eastern Shore Community Services	7.60	33	Portsmouth DBHS	9.69	
39	Goochland-Powhatan Comm. Services	4.66	37	Rockbridge Area CSB	6.82	
32	Hanover County CSB	9.81				

The following table combines information from the population size table near the beginning of this overview and the total budget table on the preceding page to categorize CSBs by population size and total budget size.

2007 Com	2007 Combined Community Services Board Characteristics: Population and Budget Size						
	Small Population Less Than 100,000 (12 CSBs)	Medium Population 100,000 to 200,000 (14 CSBs)	Large Population More Than 200,000 (14 CSBs)				
Large Budget (14CSBs)		Alexandria Arlington Mount Rogers Richmond BHA	Blue Ridge Central Virginia Chesterfield Fairfax-Falls Church Hampton-Newport News Henrico Area Loudoun County Prince William County Region Ten Virginia Beach				
Medium Budget (17 CSBs)	I him borlond Mountoin	Colonial Danville-Pittsylvania District 19 Middle Peninsula-Northern Neck New River Valley Piedmont Rappahannock-Rapidan Valley Western Tidewater	Chesapeake Norfolk Northwestern Rappahannock Area				
Small Budget (9 CSBs)	Alleghany Highlands Dickenson County Eastern Shore Goochland-Powhatan Hanover County Highlands Portsmouth DBHS Rockbridge Area	Harrisonburg-Rockingham					

**Budget Size** is based on FY 2006 fourth quarter performance contract reports: Large = \$20 million plus; Medium = \$10 million to \$20 million; Small = less than \$10 million

**Population Size:** Large = more than 200,000; Medium = 100,000 to 200,000; Small = less than 100,000 people. Population statistics are based on the 2005 Final Estimates, Weldon Cooper Center For Public Service at the University of Virginia (official state population figures).

#### C. Population Density: Urban and Rural CSB Service Areas

CSBs with population densities of 175 people or more per square mile are classified as urban; CSBs with less than 175 people per square mile are categorized as rural. The 40 CSBs are listed alphabetically in the urban and rural sections of the following table. The number preceding the CSB's name is its population density ranking (in descending order from the densest). The figure in parentheses after the CSB's name is its total population ranking (in descending order from the largest population), based on the 2005 Final Estimates, from the Weldon Cooper Center for Public Service at the University of Virginia (the official state population figures).

2007 Community Services I	vice	Area Population Density		
Rank CSB	Density	Ra	nk CSB	Density
Urban Community Services Board	ds (17): 17	75 oı	r More People per Square M	<b>ile</b>
1 Alexandria (24)	8,639	14	Henrico Area (5)	485
2 Arlington (16)	7,399	13	Loudoun County (8)	505
16 Blue Ridge (9)	205	3	Norfolk (10)	4,369
11 Chesapeake (13)	628	5	Portsmouth (30)	2,976
10 Chesterfield (7)	680	9	Prince William County (3)	1,179
12 Colonial (20)	532	15	Rappahannock Area (6)	217
7 Fairfax-Falls Church (1)	2,582	4	Richmond (15)	3,190
6 Hampton-Newport News (4)	2,719	8	Virginia Beach (2)	1,746
17 Hanover County (32)	202			
Rural Community Services Boards	s (23): Les	ss Tl	han 175 People per Square N	<b>Iile</b>
36 Alleghany Highlands (39)	50	35	Mount Rogers (25)	54
22 Central Virginia (11)	110	21	New River Valley (18)	115
39 Crossroads (29)	36	19	Northwestern (14)	126
34 Cumberland Mountain (31)	65	27	Piedmont (21)	88
23 Danville-Pittsylvania (28)	105	33	Planning District One (33)	68
37 Dickenson County (40)	49	29	Rappahannock-Rapidan (19)	80
26 District 19 (17)	88	25	Region Ten (12)	101
31 Eastern Shore (36)	79	40	Rockbridge Area (38)	35
28 Goochland-Powhatan (37)	84	38	Southside (34)	43
18 Harrisonburg-Rockingham (26)	133	30	Valley (27)	80
20 Highlands (35)	120	24	Western Tidewater (22)	104
32 Middle Peninsula-Northern Neck (23)	68			

The table on the next page categorizes CSBs by the combined characteristics of budget size, population density, population size, and type of CSB (operating CSB, administrative policy CSB, local government department with a policy-advisory CSB, or behavioral health authority).

2007 Co	2007 Combined Characteristics of Community Services Boards					
Budget Size, Population Density, and Population Size	Operating CSBs (28) Behavioral Health Authority (1)	Administrative Policy CSBs (10) Local Government Department with Policy Advisory CSB (1)				
Large Budget, Urban, Large Population (8)	Blue Ridge Hampton-Newport News	Chesterfield, Fairfax-Falls Church, Henrico Area, Loudoun County, Prince William County, Virginia Beach				
<b>Large Budget, Urban</b> , Medium Population (3)	Richmond BHA	Alexandria Arlington				
<b>Large Budget, Rural</b> , Large Population (2)	Central Virginia Region Ten					
<b>Large Budget, Rural</b> , Medium Population (1)	Mount Rogers					
Medium Budget, Urban, Large Population (3) Medium Budget, Urban,	Rappahannock Area	Chesapeake				
Medium Population (1)  Medium Budget, Rural	Northwestern					
Large Population (1)	1vorum estern					
Medium Budget, Rural, Medium Population (8)	Danville-Pittsylvania, District 19, Middle Peninsula-Northern Neck, New River Valley, Piedmont, Rappahannock-Rapidan, Valley, Western Tidewater					
Medium Budget, Rural, Small Population (4)	Crossroads, Cumberland Mountain Planning District One, Southside					
Small Budget, Urban, Small Population (2)		Hanover County Portsmouth DBHS				
Small Budget, Rural, Medium Population (1)	Harrisonburg-Rockingham					
<b>Small Budget, Rural,</b> Small Population (6)	Alleghany Highlands, Dickenson County, Eastern Shore, Goochland-Powhatan, Highlands, Rockbridge Area					

**Budget Size** is based on FY 2006 fourth quarter performance contract reports: Large = \$20 million plus; Medium = \$10 million to \$20 million; Small = less than \$10 million

**Population Density**: Urban = 175 people or more per square mile; Rural = less than 175 people per square mile. Population statistics are based on the 2005 Final Estimates, Weldon Cooper Center for Public Service at the University of Virginia (official state population figures)

**Population Size:** Large = more than 200,000; Medium = 100,000 to 200,000; Small = less than 100,000 people.

#### D. Community Services Board Relationship with Local Government: Types of CSBs

A meaningful classification of community services boards is the relationship between a CSB and its local government or governments. While CSBs are agents of the local governments that established them, most CSBs are not city or county government departments. Section 37.2-100 of the *Code of Virginia* defines three types of CSBs. Chapter 6 of Title 37.2 of the *Code of Virginia* authorizes behavioral health authorities (BHAs) to provide community services in two cities and one county.

Operating community services board or operating board means the public body organized in accordance with the provisions of Chapter 5 of Title 37.2 of the Code of Virginia that is appointed by and accountable to the governing body of each city and county that established it for the direct provision of mental health, mental retardation, and substance abuse services. The operating CSB or operating board denotes the board, the members of which are appointed pursuant to § 37.2-501 with the powers and duties enumerated in § 37.2-504 A and § 37.2-505 of the Code. Operating CSB or operating board also includes the organization that provides such services, through its own staff or through contracts with other organizations and providers. The 28 operating CSBs employ their own staff and are not city or county government departments.

Administrative policy community services board or administrative policy board means the public body organized in accordance with the provisions of Chapter 5 of Title 37.2 of the *Code of Virginia* that is appointed by and accountable to the governing body of each city and county that established it to set policy for and administer the provision of mental health, mental retardation, and substance abuse services. The administrative policy CSB or administrative policy board denotes the board, the members of which are appointed pursuant to § 37.2-501 with the powers and duties enumerated in § 37.2-504 A and § 37.2-505 of the *Code of Virginia*. Mental health, mental retardation, and substance abuse services are provided through local government staff or through contracts with other organizations and providers. The 10 administrative policy CSBs do not employ their own staff. Seven administrative policy CSBs are city or county government departments; three administrative policy boards are not local government departments, but they use local government staff to provide services.

Policy-advisory community services board or policy-advisory board means the public body organized in accordance with the provisions of Chapter 5 of Title 37.2 of the Code of Virginia that is appointed by and accountable to the governing body of each city and county that established it to provide advice on policy matters to the local government department that provides mental health, mental retardation, and substance abuse services pursuant to § 37.2-504 A and § 37.2-505 of the Code of Virginia. The policy-advisory CSB or policy-advisory board denotes the board, the members of which are appointed pursuant to § 37.2-501 with the powers and duties enumerated in § 37.2-504 B of the Code of Virginia. The policy-advisory board has no operational powers or duties; it is an advisory board to the local government department. There is one local government department with a policy-advisory CSB, the Portsmouth Department of Behavioral Healthcare Services.

**Behavioral health authority** (BHA) or **authority** means a public body and a body corporate and politic organized in accordance with the provisions of Chapter 6 of Title 37.2 of the *Code of Virginia* that is appointed by and accountable to the governing body of the city or county that established it for the provision of mental health, mental retardation, and substance abuse services. BHA or authority also includes the organization that provides such services through its own staff or through contracts with other organizations and providers. Chapter 6 authorizes Chesterfield, Richmond, and Virginia Beach to establish authorities; a BHA exists only in Richmond. A BHA most closely resembles an operating CSB, but it has several powers or duties, listed in § 37.2-605 of the *Code of Virginia*, that are not given to CSBs.

Section 37.2-500 of the *Code of Virginia* requires each city and county to designate the type of CSB that it has already established. This requirement was effective on July 1, 1998. The following table shows the designation status for each CSB.

Com	Community Services Board Designation Status									
Name of CSB	Type	Name of CSB	Type							
Alexandria <sup>1</sup>	Admin Policy	Highlands	Operating							
Alleghany Highlands	Operating	Loudoun County <sup>1</sup>	Admin Policy							
Arlington <sup>1</sup>	Admin Policy	Middle Peninsula-Northern Neck	Operating							
Blue Ridge	Operating	Mount Rogers	Operating							
Central Virginia	Operating	New River Valley	Operating							
Chesapeake <sup>1</sup>	Admin Policy	Norfolk	Operating							
Chesterfield <sup>1</sup>	Admin Policy	Northwestern	Operating							
Colonial	Operating	Piedmont	Operating							
Crossroads	Operating	Planning District One	Operating							
Cumberland Mountain	Operating	Portsmouth DBHS <sup>1</sup>	LG Dept. <sup>2</sup>							
Danville-Pittsylvania	Operating	Prince William County	Admin Policy							
Dickenson County	Operating	Rappahannock Area	Operating							
District 19	Operating	Rappahannock-Rapidan	Operating							
Eastern Shore	Operating	Region Ten	Operating							
Fairfax-Falls Church	Admin Policy	Richmond BHA	BHA							
Goochland-Powhatan	Operating	Rockbridge Area	Operating							
Hampton-Newport News	Operating	Southside	Operating							
Hanover County	Admin Policy	Valley	Operating							
Harrisonburg-Rockingham	Operating	Virginia Beach <sup>1</sup>	Admin Policy							
Henrico Area <sup>1</sup>	Admin Policy	Western Tidewater	Operating							

<sup>&</sup>lt;sup>1</sup> Actual city or county government department (7 CSBs and the Portsmouth DBHS)

#### There are:

28 operating CSBs 1 local government department with a policy-advisory CSB 10 administrative policy CSBs 1 behavioral health authority

<sup>&</sup>lt;sup>2</sup> The only local government department with a policy-advisory CSB

#### E. Community Services Board Staffing

The ten administrative policy CSBs and the one local government department with a policy-advisory CSB (Portsmouth) use local government staff to deliver services. The staff in directly-operated programs of these CSBs are employees of those local governments. Seven single jurisdiction CSBs and one multi-jurisdictional CSB (Henrico Area) operate as city or county government departments. These CSBs are:

Alexandria CSB Henrico Area Mental Health & Retardation Services

Arlington CSB Loudoun County CSB

Chesapeake CSB Portsmouth Department of Behavioral Healthcare Services

Chesterfield CSB Virginia Beach Department of Human Services

One single jurisdiction administrative policy CSB (Hanover County) and two multi-jurisdictional administrative policy CSBs (Fairfax-Falls Church and Prince William County) use local government employees to deliver services, but these CSBs are not city or county government departments.

Staff of the 28 operating community services boards are employees of those CSBs, and staff of the Richmond Behavioral Health Authority (RBHA) are employees of the RBHA.

The numbers of full-time equivalents (FTEs) by program area (mental health, mental retardation, and substance abuse) and for administration are listed below for programs that are operated directly by CSBs. A full-time equivalent is not the same thing as a position. For example, a part-time position that is staffed for 20 hours per week is one position; but it is a one-half FTE. Thus, the number of FTEs in an organization will usually be less than the number of positions; but the number of FTEs is a more accurate indicator of the personnel resources available to deliver services or provide administrative support for those services.

FY 2006 Community Services Board Staffing									
Program Area	Consumer Service FTEs	Support Staff FTEs	Total FTEs	Percent					
Mental Health	3,945.23	899.47	4,844.70	42.96					
Mental Retardation	3,156.67	457.22	3,613.89	32.04					
Substance Abuse	1,406.24	307.43	1,713.67	15.19					
Administration	0.00	1,105.86	1,105.86	9.81					
Total FTEs	8508.14	2,769.98	11,278.12	100.00					
Percent	75.44	24.56	100.00						

**SOURCE:** FY 2006 community services performance contracts

## 2007 Overview of Community Services Delivery in Virginia Part III: Board Composition, Responsibilities, and Roles

#### A. Community Services Board (CSB) Board Composition

The board of directors of each CSB consists of no less than six and no more than 18 members, appointed by the city councils or county boards of supervisors that established it. Sections 37.2-501 and 37.2-502 of the *Code of Virginia* govern CSB appointments; § 37.2-602 and § 37.2-603 govern behavioral health authority (BHA) appointments. Members are eligible to serve no more than three full three-year terms, exclusive of filling vacancies (partial terms). Appointments run from July 1 to June 30 or January 1 to December 31. All appointments may not be filled at any particular point during each year. Information about board member appointments is displayed below. CSBs provide this information in their performance contracts with the Department. All years in the following tables are fiscal years (July 1 through June 30), rather than calendar years.

	Filled and Vacant Board Appointments											
Year	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	
Filled	482	483	486	493	489	495	493	489	493	505	508	
Vacant	18	30	25	20	24	22	24	30	29	19	20	
Total	500	513	511	513	513	517	517	519	522	524	528	

Numbers of Cons	Numbers of Consumers and Family Members on Community Services Boards								
Percent means		1991	]	1993	]	1995	1996		
percent of total									
board members	No.	Percent	No.	Percent	No.	Percent	No.	Percent	
Consumers	2	.41	17	3.44	10	2.03	11	2.30	
Family Members	54	11.02	90	18.22	70	14.20	80	16.74	
Subtotal	56	11.43	107	21.66	80	16.23	91	19.04	
<b>TOTAL Members</b>	490	100.00	494	100.00	493	100.00	478	100.00	
		1997	]	1998	]	1999	2000		
Consumers	15	3.11	20	4.14	47	9.67	40	8.11	
Family Members	96	19.92	96	19.87	118	24.28	144	29.21	
Subtotal	111	23.03	116	24.01	165	33.95	184	37.32	
<b>TOTAL Members</b>	482	100.00	483	100.00	486	100.00	493	100.00	
		2001	2002		2003			2004	
Consumers	47	9.61	39	7.88	36	7.30	42	8.59	
Family Members	121	24.74	140	28.28	145	29.41	139	28.42	
Subtotal	168	34.35	179	36.16	181	36.71	181	37.01	
TOTAL Members	489	100.00	495	100.00	493	100.00	489	100.00	
	2005		2	2006	2	2007		2008	
Consumers	48	9.74	45	8.91	46	9.06			
Family Members	139	28.19	143	28.32	158	31.10			
Subtotal	187	37.93	188	37.23	204	40.16			
TOTAL Members	493	100.00	505	100.00	508	100.00			

## 2007 Overview of Community Services Delivery in Virginia Board Composition, Responsibilities, and Roles

Sections 37.2-501 and 37.2-602 of the *Code of Virginia* require that appointments to CSBs or BHAs be broadly representative of the community. It further requires that one-third of the appointments be identified consumers or former consumers or family members of consumers or former consumers, at least one of whom shall be a consumer receiving services. These sections do not specify how or to whom consumers and family members are identified. Section 37.2-100 of the *Code of Virginia* defines consumer as a current direct recipient of public or private mental health, mental retardation, or substance abuse treatment or habilitation services. It defines family member as an immediate family member of the consumer or the principal caregiver of a consumer.

## B. Relationships Between CSBs and the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services (Department)

CSBs are agents of the local governments that established them; they are not part of the Department. The Department's relationships with all CSBs are based on the community services performance contract, provisions in Title 37.2 of the *Code of Virginia*, State Board policies and regulations, and other applicable state or federal statutes or regulations. The Department:

- o contracts with CSBs for local mental health, mental retardation, and substance abuse services;
- licenses CSBs and other providers to deliver services;
- o monitors the operations of CSBs through performance contract reports, community consumer submission extracts, other reports, and reviews of CPA audits;
- o provides funds, consultation, technical assistance, guidance, and direction to CSBs; and
- encourages and supports utilization management and review and quality assurance activities conducted by CSBs.

While not part of the Department, CSBs are key operational partners with the Department and its state facilities in Virginia's system of public mental health, mental retardation, and substance abuse services. The Central Office, State Facility, and CSB Partnership Agreement, available on the agency's web site at <a href="https://www.dmhmrsas.virginia.gov">www.dmhmrsas.virginia.gov</a>, describes this arrangement.

#### C. Community Services Board Powers, Duties, and Responsibilities

Sections 37.2-500, 37.2-504, 37.2-505, 37.2-506, 37.2-508, and 37.2-512 of the *Code of Virginia* contain the following powers and duties of a CSB or local government department with a policy-advisory CSB. The powers and duties of a behavioral health authority, contained in § 37.2-605, § 37.2-606, § 37.2-607, and § 37.2-615, are the same or very similar to those of an operating CSB, except a BHA has several additional powers and duties.

- 1. Function as the single point of entry into publicly funded mental health, mental retardation, and substance abuse services in order to provide comprehensive mental health, mental retardation, and substance abuse services within a continuum of care.
- 2. Review and evaluate public and private community mental health, mental retardation, and substance abuse services and facilities that receive funds from the CSB and advise the local governing body of each city or county that established the CSB as to its findings.
- 3. Submit to the governing body of each county or city that established it an annual performance contract for community mental health, mental retardation, and substance abuse services for its approval prior to submission of the contract to the Department.

## 2007 Overview of Community Services Delivery in Virginia Board Composition, Responsibilities, and Roles

- 4. Within amounts appropriated for this purpose, provide services authorized under the performance contract.
- 5. In accordance with its approved performance contract, enter into contracts with other providers for the delivery of services or operation of facilities.
- 6. In the case of operating and administrative policy CSBs, make policies or regulations concerning the delivery of services and operation of facilities under its direction or supervision, subject to applicable policies and regulations adopted by the State Board.
- 7. For an operating CSB, appoint an executive director who meets the minimum qualifications established by the Department and prescribe his duties. The executive director shall serve at the pleasure of the board and be employed under an annually renewal contract that contains performance objectives and evaluation criteria. In the case of an administrative policy CSB, participate with local government in the appointment and annual performance evaluation of an executive director who meets the minimum qualifications established by the Department and prescribe his duties. For a local government department with a policy-advisory CSB, the local government department director shall serve as the executive director. The policy-advisory CSB shall participate in the selection and annual performance evaluation of the local government department director employed by the city or county.
- 8. Institute a reimbursement system to maximize the collection of fees from persons receiving services under its jurisdiction or supervision and from responsible third party payors. All fees collected shall be included in the performance contract and used only for community mental health, mental retardation, and substance abuse purposes.
- 9. Accept gifts, donations, bequests, or grants of money or property from any source and use them as authorized by the governing body of each city or county that established it.
- 10. Seek and accept funds through federal grants. In accepting grants, the CSB shall not bind the governing body of any county or city that established it to any expenditures or conditions of acceptance without the prior approval of the governing body.
- 11. Disburse funds appropriated to it in accordance with such regulations as may be established by the governing body of each city or county that established the CSB.
- 12. Apply for and accept loans as authorized by the governing body of each county or city that established the CSB.
- 13. Develop joint written agreements, consistent with policies adopted by the State Board, with local school divisions; health departments; boards of social services; housing agencies, where they exist; courts; sheriffs; area agencies on aging; and regional Department of Rehabilitative Services offices. The agreements shall specify the services to be provided to consumers. All participating agencies shall develop and implement the agreements and shall review the agreements annually.
- 14. Develop and submit to the Department information needed to prepare the Comprehensive State Plan for mental health, mental retardation, and substance abuse services.
- 15. Take all necessary and appropriate actions to maximize the involvement and participation of consumers and family members of consumers in policy formulation and services planning, delivery, and evaluation.

## 2007 Overview of Community Services Delivery in Virginia Board Composition, Responsibilities, and Roles

- 16. Institute, singly or in combination with other CSBs or BHAs, a dispute resolution mechanism that is approved by the Department and enables consumers and family members of consumers to resolve concerns, issues, or disagreements about services without adversely affecting their access to or receipt of appropriate types and amounts of current or future services from the CSB or BHA.
- 17. Release data and information about individual consumers to the Department so long as the Department implements procedures to protect the confidentiality of that data and information.
- 18. In the case of administrative policy boards and local government departments with policy-advisory boards, carry out other duties and responsibilities as assigned by the governing body of each city or county that established it.
- 19. In the case of operating boards, have authority to receive state and federal funds directly from the Department and act as its own fiscal agent, when authorized to do so by the governing body of each city or county that established it.
- 20. Provide preadmission screening services prior to admission to a state hospital for any person who requires emergency mental health services while in a city or county served by the CSB.
- 21. Provide, in consultation with the appropriate state hospital or training center, discharge planning for any person who, prior to admission, resided in a city or county served by the CSB or chooses to reside after discharge in a county or city served by the CSB. The plan shall include the mental health, mental retardation, substance abuse, social, educational, medical, employment, housing, legal, advocacy, transportation, and other services that the consumer will need upon discharge. The plan shall identify the public or private agencies that have agreed to provide these services. No person shall be discharged from a state hospital or training center without completion of a discharge plan by the CSB.
- 22. Submit an annual performance contract to the Department.
- 23. Conduct a criminal background check and obtain a search of the registry of founded complaints of child abuse and neglect on any applicant who accepts employment in any direct consumer care position with the CSB.
- 24. Enter into joint agreements with one or more CSBs or BHAs to provide treatment, habilitation, or support services for consumers with specialized and complex service needs and associated managerial, operational, and administrative services and supports to promote clinical, programmatic, or administrative effectiveness and efficiency.
- 25. Assure the human rights, enumerated in § 37.2-400 of the *Code of Virginia* and the Human Rights Regulations adopted by the State Board, of consumers in the CSB's services and comply with other provisions of those regulations.
- 26. Satisfy the applicable licensing regulations, adopted pursuant to § 37.2-403 et seq. of the *Code of Virginia*, for services that the CSB operates.

#### D. Community Services Board Roles

Inherent in the enabling legislation is the concept of a community services board, including its board of directors, as an accountable service provider. A CSB is accountable to the consumers that it serves and their families, its local government(s), communities in its service area, the

Department, the State Board, the Department of Medical Assistance Services, the General Assembly, and various federal funding sources. A CSB provides three kinds of accountability.

- 1. **Organizational:** The CSB must structure and manage its internal organization so that it can effectively discharge its statutory powers and duties.
- 2. **Financial:** The CSB must use public funds effectively and efficiently and expend those funds in accordance with accepted policies and procedures, fulfilling its fiduciary responsibilities.
- 3. **Programmatic:** The CSB must provide services and supports that promote recovery, self-determination, empowerment, resilience, health, and the highest level of consumer participation in all aspects of community life, including work, school, family, and other meaningful relationships. These services and supports are individualized, accessible, effective, inclusive, responsive, and reflective of evidence-based or best practices.

A CSB fills several **complementary roles** to carry out its statutory powers and duties and to provide this accountability.

- A CSB, as the local agency responsible for providing public mental health, mental retardation, and substance abuse services, is a source of professional expertise and a channel for the concerns of individuals. It functions as an **advisor to local government** about unmet needs, current services, and future service trends and directions.
- A CSB helps the public understand the need for and meaning of treatment in the community. As an **educator**, a CSB must actively seek, facilitate, and value input from and participation by consumers, family members, other agencies, advocacy groups, and other individuals.
- A CSB functions as a **community organizer** as it coordinates the development of needed services in the community. To do this, a CSB must work closely with public and private human services agencies, consumers, family members, and advocacy groups.
- A CSB is also a **community planner**, planning the development of services and facilities to meet identified needs and working with other groups and agencies to do this.
- CSB board members and staff act as **consultants** to the local professional community, providing information, evaluations, referrals, and assistance to and generating support among other professional groups and individuals.
- CSB board members and staff are **advocates** for the development and expansion of services, for individuals not receiving needed services, and for community acceptance of and support for consumers and the CSB's services.

Among these many responsibilities and roles, four define the essential nature of a CSB; others support or complement these four roles. Fundamentally, a community services board is:

- 1. the **single point of entry** into publicly funded mental health, mental retardation, and substance abuse services for its service area, including access to state hospital and training center services through preadmission screening, case management, and coordination of services;
- 2. a **provider** of services, directly and through contracts with other organizations and providers,
- 3. an advocate for consumers and services, and
- 4. the local **focal point of accountability and responsibility** for services and resources.

## 2007 Overview of Community Services Delivery in Virginia Part IV: Community Services Board Services

In FY 2006, the new Core Services Taxonomy 7 split some of the existing core services categories; the new taxonomy includes nine core services: emergency, local inpatient, outpatient, case management, day support, employment, residential, prevention and early intervention, and limited services. In FY 2006 (July 1, 2005 through June 30, 2006), CSBs offered varying combinations of these core services, directly and through contracts. Tables 1 through 5 on the following pages display information derived from annual performance contract reports submitted by the CSBs about numbers of consumers served, static capacities available, units of services provided, and characteristics of the consumers served in FY 2006, the latest year for which this information is available. Services, beds and slots, units of service, and consumers are defined in the Core Services Taxonomy, issued by the Department and available on its web site at <a href="https://www.dmhmrsas.virginia.gov">www.dmhmrsas.virginia.gov</a>.

While CSBs and their services are the focus of this overview, the private sector is a vital partner with CSBs in serving individuals with mental illnesses, mental retardation, or substance use disorders. In addition to serving many individuals through contracts with CSBs, private providers also serve other individuals directly, for example through various Medicaid programs such as the mental retardation home and community-based waiver (with plans of care case managed by CSBs) and mental health clinic and inpatient psychiatric treatment services.

The table below displays trends by program area (mental health, mental retardation, or substance abuse services) in numbers of consumers served by CSBs since FY 1986. Consumers served are not unduplicated numbers in this table. Some consumers received more than one type of service in a program area and sometimes received services in more than one program area. Variations from year to year reflect several factors, including changing service definitions and occasional budget reductions.

T	Trends in Consumers Served by Community Services Boards									
Fiscal Year	Mental Health	Mental Retardation	<b>Substance Abuse</b>	Totals						
1986	135,182	20,329	52,942	208,453						
1988	161,033	22,828	80,138	263,999						
1990	152,811	30,198	101,816	284,825						
1991	161,536	28,493	103,288	293,317						
1992	160,115	27,525	78,358	265,998						
1993	158,363	27,610	80,359	266,332						
1994	168,208	28,680	87,863	284,751						
1995	177,320	29,141	88,471	294,932						
1996	174,126	30,006	90,750	294,882						
1997	179,607	30,655	90,430	300,692						
1998	185,647	32,509	96,556	314,712						
1999	178,279	33,087	93,436	304,802						
2000	180,783	26,086	88,186	295,055						
2001	178,420	33,238	102,037	313,695						
2002	176,735	33,933	91,904	302,572						
2003	180,110	34,103	86,979	301,102						
2004	181,396	35,038	78,008	294,442						
2005	188,289	39,414	76,141	303,844						
2006	195,794	36,004	73,633	305,431						

Table 1: FY 2006 Community Services Board Consumers Served by Core Service							
Program Area →	Mental	Mental	Substance	Grand			
Core Service↓	Health	Retardation	Abuse	Totals			
1. Emergency Services	43,830	41	7,189	51,060			
2. Local Inpatient Services  Adult Psychiatric or Substance Abuse Inpatient 2 787 373							
Adult Psychiatric or Substance Abuse Inpatient	2,787		373	3,160			
Community-Based SA Medical Detox Inpatient			1,363	1,363			
Total Local Inpatient Services	2,787		1,736	4,523			
3. Outpatie	nt Services						
Outpatient Services	76,443	86		111,606			
Opioid Detoxification Services			199	199			
Opioid Treatment Services			1,840	1,840			
Assertive Community Treatment	1,401			1,401			
Total Outpatient Services	77,844		,	115,046			
4. Case Management Services	47,972	16,228	11,587	75,787			
5. Day Supp	ort Service	S					
Day Treatment/Partial Hospitalization	2,902		1,590	4,492			
Rehabilitation/Habilitation	5,608	2,720		8,328			
Total Day Support Services	8,510	,	1,590	12,820			
6. Employm	ent Service	S					
Sheltered Employment	53	905		958			
Group Supported Employment	38	676		714			
Individual Supported Employment	808	1,352		2,160			
Total Day Support Services	899	2,933		3,832			
7. Resident	ial Services						
Highly Intensive Residential Services	1,040	101		1,141			
Intensive Residential Services	339	834	3,135	4,308			
Jail-Based Habilitation Services			1,604	1,604			
Supervised Residential Services	1,489	543		2,293			
Supportive Residential Services	4,812	1,291		6,532			
Total Residential Services	7,680	2,769	5,429	15,878			
8. Early Intervention Services	552	8,828	1,315	10,695			
9. Limited	l Services						
Substance Abuse Social Detoxification Services			3,372	3,372			
Motivational Treatment	3		1,002	1,005			
Consumer Monitoring Services	1,891	1,946	t	4,660			
Assessment and Evaluation Services	3,826	453		6,753			
Total Limited Services	5,720	2,399		15,790			
Total Consumers Served <sup>1</sup>	195,794	36,004	73,633	305,431			
Total Unduplicated Consumers	118,732	26,893	52,416	198,041			

Total Consumers Served are not unduplicated numbers of individuals. Some consumers receive more than one type of service or services in more than one program area.

## 2007 Overview of Community Services Delivery in Virginia Community Services Board Services

With the implementation of the Community Consumer Submission (software that extracts individual consumer data from CSB information systems and transmits the encrypted data to the Department), a totally unduplicated count of consumers at CSBs across all three program areas (all MH, MR, and SA services), rather than only in each area, is available. In FY 2006, 176,276 distinct individuals received services from CSBs. The difference between that figure and the sum of the unduplicated number of consumers in each program area, shown in the preceding table, gives some indication of the number of consumers who may be receiving services in more than one program area: 21,765 individuals in FY 2006.

Table 2: FY 2006 Community Services Board Static Capacities by Core Service									
Program Area→	Mental Mental		Substance	Grand					
Core Service↓	Health	Retardation	Abuse	TOTAL					
Adult Psychiatric or Substance Abuse Inpatient	58.10		4.77	62.87					
Community-Based SA Medical Detox Inpatient			36.30	36.30					
Total Local Inpatient Services Beds	58.10		41.07	99.17					
Day Treatment/Partial Hospitalization	1,208.00		227.10	1,435.10					
Rehabilitation/Habilitation	2,254.07	2,029.20		4,283.27					
Sheltered Employment	36.00	837.48		873.48					
Group Supported Employment	29.61	661.00		690.61					
Total Day Support Services Slots	3,527.68	3,527.68	227.10	7,282.46					
Highly Intensive Residential Services	107.65	98.00		205.65					
Substance Abuse Social Detoxification Services			113.06	113.06					
Intensive Residential Services	158.40	810.00	525.36	1,493.76					
Jail-Based Habilitation Services			385.00	385.00					
Supervised Residential Services	863.50	464.75	121.01	1,449.26					
Total Residential Services Beds	1,129.55	1,372.75	1,144.43	3,646.73					

Decimal fractions of beds and slots result from calculating these capacities for contracted services, where a CSB purchases a number of bed days or days of service, which must be converted to numbers of beds or day support slots. For example, 183 bed days of purchased local inpatient services equal one half (.5) of a bed.

**Slots** means the maximum number of distinct consumers who could be served during a day or a half-day session in most day support programs. It is the number of slots for which the program or service is staffed. For example, in rehabilitation programs, the number of slots is not the total number of members in the program, it is the number who can be served at the same time during a session.

**Beds** means the total number of beds for which the facility or program is licensed and staffed or the number of beds contracted for during the contract period.

**Provider service hours** (used in Table 3 on the next page) measure the amount of staff effort related to the provision of services. Provider service hours are hours that are available from all staff who provide direct and consumer-related services to consumers.

In Table 3 on the next page, core services are organized by the different types of service units (i.e., provider service hours, day support hours, days of service, and bed days) in day support and residential services.

Table 3: FY 2006 Community Services Board Services Provided by Core Service						
Program Area →	Mental	Mental	Substance	Grand		
Core Service/Unit of Service↓	Health	Retardation	Abuse	Totals		
1. Emergency Provider Service Hours	356,796	1,385	44,946	403,127		
2. Local Inpa	tient Servic	es				
Adult Psychiatric or Substance Abuse Inpatient	20,348		4,122	24,470		
Community-Based SA Medical Detox Inpatient			7,483	7,483		
Total Local Inpatient Bed Days	20,348		11,605	31,953		
3. Outpatie	nt Services					
Outpatient Services	1,042,613	1,129	479,381	1,523,123		
Opioid Detoxification Services			20,719	20,719		
Opioid Treatment Services			82,936	82,936		
Assertive Community Treatment	219,431			219,431		
Total Outpatient Provider Service Hours	1,262,044	1,129	583,036	1,846,209		
4. Case Management Provider Service Hours	990,227	566,159	155,214	1,711,600		
5. Day Supp	ort Service	S				
Day Treatment/Partial Hospitalization	1,056,982		291,790	1,348,772		
Rehabilitation/Habilitation	2,770,850	2,131,035		4,901,885		
Total Day Support Hours	3,827,832	2,131,035	291,790	6,250,657		
6. Employm	ent Service	S				
Sheltered Employment	6,748	174,951		181,699		
Group Supported Employment	4,275	130,901		135,176		
Total Day Support Days of Service	11,023	305,852		316,875		
Individual Supported Employment	28,720	92,077		120,797		
Total Day Support Hours	28,720	92,077		120,797		
7. Resident	ial Services					
Highly Intensive Residential Services	24,215	30,252		54,467		
Intensive Residential Services	54,892	261,707	143,738	460,337		
Jail-Based Habilitation Services			159,894	159,894		
Supervised Residential Services	255,020	104,822	31,405	391,247		
Total Residential Bed Days	334,127	396,781	335,037	1,065,945		
Supportive Residential Services	567,990	910,840	15,295	1,494,125		
Total Residential Provider Service Hours	567,990	910,840	15,295	1,494,125		
8. Prevention and Early	y Interventi	ion Services				
Prevention Services	44,113	7,059	245,784	296,956		
Early Intervention Services	12,489	271,567	23,999	308,055		
Total Prev. & Early Inter. Prov. Service Hrs.	56,602	278,626	269,783	605,011		
9. Limited	l Services					
SA Social Detoxification Bed Days			21,114	21,114		
Motivational Treatment	16		2,779	2,795		
Consumer Monitoring Services	28,465	14,100	7,373	49,938		
Assessment and Evaluation Services	26,831	2,106	10,803	39,740		
Total Limited Services Provider Service Hrs.	55,312	16,206	20,955	92,473		

	Table 4: FY 2006 Unduplicated Numbers of Consumers Served											
by Age and Gender by Program Area (MH, MR, or SA Services)  Mental Health Services   Mental Retardation Services   Substance Abuse Services												
	Menta	Health !	Services	Mental R	<u> Retardatio</u>	n Services	Substai	nce Abuse	Services			
Age	Male	Female	Unknown	Male	Female	Unknown	Male	Female	Unknown			
0-2	500	374	7	5,994	3,699	14	79	61	3			
3-12	7,967	4,388	34	1,114	650	3	425	249	1			
13-17	7,333	6,478	33	795	530	5	4,314	2,125	11			
18-22	4,704	4,135	22	1,304	922	5	4,541	1,987	14			
23-59	33,920	37,909	120	5,857	4,913	14	24,454	13,067	54			
60-64	1,444	2,300	1	210	229	0	284	114	0			
65-74	1,365	2,278	4	213	231	0	171	57	0			
75+	852	1,628	5	65	49	0	27	30	3			
Unknown	161	201	569	12	9	56	98	40	207			
Subtotal	58,246	59,691	795	15,564	11,232	97	34,393	17,730	293			
Total		118,732			26,893			52,416				

Table 5: FY 2006 Unduplicated Numbers of Consumers Served										
by Race and Gend	er by Pr	ogram A	Area	(MH, N	IR, or SA	4 Serv	vices)			
Program Area →	MH	Service	S	$\mathbf{M}$	R Service	S	SA Services			
Race↓	Male	Female	Unk	Male	Female	Unk	Male	Female	Unk	
Alaska Native	31	39	0	13	6	0	12	10	0	
American Indian	177	149	1	21	25	0	114	61	0	
American Indian or Alaska AND Black or African American	17	20	0	0	1	0	23	8	0	
American Indian or Alaska Native AND White	33	39	0	6	2	0	33	21	0	
Asian	134	171	0	76	66	1	69	31	0	
Asian AND White	30	48	0	14	6	0	34	17	0	
Asian or Pacific Islander	555	600	1	319	245	0	259	74	0	
Black or African American AND White	308	314	0	51	44	0	164	66	0	
Black or African American	17,647	15,937	44	4,075	2,998	7	10,923	5,167	16	
Native Hawaiian or Other Pacific Islander	14	20	0	7	1	0	9	4	0	
Other Multi-Race	160	154	1	45	31	0	76	40	1	
Other	2,445	2,667	12	913	648	2	2,533	659	2	
White	35,886	38,571	60	9,497	6,816	8	19,708	11,325	26	
Unknown/ Not Collected	809	962	676	527	343	79	436	247	248	
Subtotal	58,246	59,691	795	15,564	11,232	97	34,393	17,730	293	
Total	1	18,732			26,893		5	2,416		